



**FURRY FELLAS
PET SERVICE**

PO Box 1197 Coventry, RI 02816

(401) 374-2230 Email: furryfellaspetsitting@yahoo.com www.furryfellaspetsitting.com

Dog Care Information & Instructions

Pet Owner Info:

Name _____ Home Phone _____
Address _____ Cell Phone _____
Email _____

Emergency Contact:

Name _____ Relation to You _____
City/State _____ Phone _____
Does this person have a key to your home for emergency purposes Yes _____ No _____

Veterinarian Info:

Regular Vet _____ Clinic Name _____
Address _____ City/State _____
Phone# _____

Pet Info:

Pets Name #1 _____ Breed _____
Birth Date _____ Spayed/Neutered _____
Male or Female (please circle one)
Color _____ Weight _____
Medications _____
Medication Instruction (amount/how often) _____
Feeding Instructions _____
Allergies _____

Pets Name #2 _____ Breed _____
Birth Date _____ Spayed/Neutered _____
Male or Female (please circle one)
Color _____ Weight _____
Medications _____
Medication Instruction (amount/how often) _____
Feeding Instructions _____
Allergies _____

Pets Name #3 _____ Breed _____
Birth Date _____ Spayed/Neutered _____
Male or Female (please circle one)
Color _____ Weight _____
Medications _____
Instruction (amount/how often) _____
Feeding Instructions _____
Allergies _____

Pets Name #4 _____ Breed _____
Birth Date _____ Spayed/Neutered _____
Male or Female (please circle one)
Color _____ Weight _____

Medications _____
Instruction (amount/how often) _____
Feeding Instructions _____
Allergies _____

Pets Name #5 _____ Breed _____
Birth Date _____ Spayed/Neutered _____
Male or Female (please circle one) _____
Color _____ Weight _____
Medications _____
Instruction (amount/how often) _____
Feeding Instructions _____
Allergies _____

Location of needed items:

Leashes/Collars _____ Food _____
Litter Boxes _____ Trashes _____
Bowls _____ Cat Carriers _____

Pet Behavior:

Is your dog friendly with other dogs YES / NO Allowed to have treats YES / NO
Prone to digging YES / NO Prone to chewing YES / NO
Obeys basic commands YES / NO Has bitten people/animals YES / NO
Has shown signs of aggression YES / NO Likes new adults/ children YES / NO
Allowed outside (cats) YES / NO Fearful of noises, etc... YES / NO

Do you want your dog walked... alone or with other dogs if the opportunity arises?

If you would like your dog to play/walk with other dogs, please fill out the section below. If not please skip past the box below.

Please fill this box out only if you would like your dog to be walked or to play with other dogs during the pet sitting period. If you would like your dog to be with other dogs, we will need to see a copy of your dog(s) vaccination record and they must be up to date on the following vaccines. 1. Rabies 2. Distemper combo shot 3. Bordetella (also known as kennel cough)

How does your dog react to other dogs (generally)

Has your dog ever bitten another dog or been in a fight? If yes, please explain

Has your dog ever shared toys before? Has (s)he shown any signs of toy aggression?

Does your dog prefer a particular sex of dog? (If yes, please list.)

Has your dog ever received any formal training?
Does your dog know any commands? Please list below:

Has your dog been socialized with other dogs (besides the dogs living in the household) at the dog park, playgroups, doggie daycare, puppy kindergarten or other? If other, please explain

The safety of your pet(s) and their well being is of the highest importance. Insuring that your pets remain safe and well-cared for is our first responsibility. For this reason, we must provide guidelines that must be met to participate in dog walking/playing with other dog(s). Unfortunately, if your dog is not already comfortable with other dogs and has not been socialized we will not be able to walk them with other dogs.

Additional duties (please circle or check off those you would like to request):

Bring in mail/papers _____ Water plants _____
Dog Walks _____ Play fetch in fenced in yard _____
Medicate Pet (insulin, oral meds, liquid meds, eye ointment, ear ointment, other) _____
Please include medication instructions _____

Put out trash cans/recycling _____
Which day of the week does trash need to be put out on _____

Other requests _____

Will anyone besides the staff of Furry Fellas Pet Service be entering your home during pet sitting periods? YES _____ NO _____

If yes, please list name and contact info below:

Name _____ Address _____
Phone _____

How did you hear about us? *Please include names, so that we may thank them for the referral! *

Internet Search _____ Facebook _____ Yelp _____ Friend/Relative _____
Flyer _____ Vet _____ Groomer _____ Dog Walker _____
Other: _____

I would like to have my keys: (circle one)

1. Left outside my home after each dog walking visit
2. Kept in a lockbox on the property (Please provide office or sitter with location and code/combination)
Preferred method by Furry Fellas
3. Dropped off to me at the end of dog walking services on specified date (additional \$15.00 charge)

4. I would like Furry Fella's Pet Sitting to keep my key for future visits
5. I would like my key left at the house after last day of services (date to be specified)

Please specify where you would like key left if you choose option 1 or 5.

Where can we reach you?

Address: _____ Phone: _____
 Email: _____ Place Name _____

Would you like your sitter to contact you with updates during the sitting period? YES / NO

If yes, please indicate by what method and when/how often:

Emergency Veterinary Care:

In the event of an emergency, I authorize **Furry Fellas** to take my pet/s to a veterinary office for treatment. I understand that **Furry Fellas** cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

I give permission to **Furry Fellas** to approve veterinary treatment and will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered.

This contract authorizes representatives of Furry Fellas to enter your home during your absence to care for your pets. All food & supplies are the responsibility of the owner. If, during your absence, supplies are depleted, we will purchase the items. A fee of \$20 plus the cost of the items will be incurred to cover time/gas costs and payment will be due within 7-10 days of your return day. We will not let dogs off-leash unless contained by an invisible fence or in a fenced in area. As the owner of the dog, you are required to disclose all behavioral concerns, bathroom training issues, separation anxiety, and other issues to us prior to the start of care. We hold the right to terminate service if an animal becomes potentially dangerous at any point.

Furry Fellas' insurance company shall be wholly liable for claims of injury, death, damage or loss to Owner's pet(s) in the event of negligence. As further consideration for the services rendered, Owner agrees to waive and release **Furry Fellas'** and/or their representatives from any claim for injury, loss, and/or death of Owner's pet(s) and from any claim for loss and/or damage to Owner's property including, but not limited to, that caused by Owner's pet(s). Owner agrees to be responsible for any claim for injury, loss, and/or death of representative of **Furry Fellas'** caused by Owner's pet(s) and/or Owner's property. Owner agrees to contract work directly through **Furry Fellas**, and not privately with any **Furry Fellas** representative, during and for a period of two years prior to the last date of service performed by any representative of **Furry Fellas**.

I understand that payment for pet sitting services is due ½ upfront to hold the reservation & the other ½ is due within 5-7 days after the last day of service. All overdue invoices will be charged a \$5 late fee and will continue each week thereafter until paid. We accept credit cards, debit cards, PayPal, checks or money order. Please make checks/money orders payable to Furry Fella's Pet Sitting. Credit Cards/PayPal is accepted through our website and checks must be mailed to our office (PO Box 1197, Coventry, RI 02816). Sitters will not be able to accept payments at time of pet sitting/dog walking visit.

Check payments returned for insufficient funds are subject to a \$25 fee plus the invoice amount due. In the event that Furry Fellas must retain a collection agency or law firm to collect past due balances owed to Furry Fellas, you agree to pay any and all collection agency fees, court costs, attorney fees or incidental costs associated with collecting.

This agreement is valid starting on the date below whenever **Furry Fellas** cares for my pets

Owner's Signature: _____ **Date:** _____
Owner's Name (please print): _____

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